

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 7

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allied Grape Growers PAC

Full Name (Last, First, Middle Initial)

A. The Mike Thompson for Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2011

Mailing Address 1040 Main Street, Suite 101

City	State	Zip Code
Napa	CA	94559

Transaction ID : SB23.4251Purpose of Disbursement
Contribution towards annual holiday celebration

011

Amount of Each Disbursement this Period

250.00

Candidate Name

The Mike Thompson for Congress CommitteeCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: CA District:

Full Name (Last, First, Middle Initial)

B. David VALADAO FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2011

Mailing Address 504 VAN NESS AVE

City	State	Zip Code
FRESNO	CA	93721

Transaction ID : SB23.4249Purpose of Disbursement
Contribution towards luncheon in support of

011

Amount of Each Disbursement this Period

500.00

Candidate Name

David VALADAO FOR CONGRESSCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: CA District: 21

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Amount of Each Disbursement this Period

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Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: District:

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

750.00

2250.00